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FILED NOV 1 1943 8
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9328

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8605 Trafford Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community..... Unknown
years, months or days)

3. (a) PRINT FULL NAME Eugene F. Kaiser

3. (b) If veteran, name war..... None 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
(b) Name of husband or wife Mathilda (c) Age of husband or wife if A Kaiser nee Kuchenbuch alive ----- years
7. Birth date of deceased December 10, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 11 hr. min.

9. Birthplace Mildstadt Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business

12. Name Joseph Kaiser
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Majorie Kaiser
(b) Address 8605 Trafford Lane

17. (a) Burial (b) Date thereof 10/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 23 1943 J. F. Prudek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8605 Trafford Lane
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21, year 1943 hour 2:55 PM minute M.

21. I hereby certify that I attended the deceased from Sept 15, 1942, to Oct 21, 1943
that I last saw him alive on Oct 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arrhythmia
Fibrillation Duration

Due to 1/21

Due to

Other conditions Chronic Intermittent Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. A. Kild (M. D. or other)
Address 3901 W. Flourmont Date signed 10/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Walter G Burnley*.....
Licensed Embalmer No. *42102*.....
P. O. Address.....*St Louis Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.